

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
ELECTRICAL BUREAU, LICENSING SECTION  
1090 E. WATERTOWER ST.  
MERIDIAN, ID 83642  
(208) 334-2183  
[dbs.idaho.gov](http://dbs.idaho.gov)

**APPLICATION FOR MASTER ELECTRICIAN LICENSE**

In order to be approved for the Idaho Master Electrician examination, you must have worked as a licensed journeyman electrician for a period of not less than four (4) years.

**TESTING:** The applicant must submit an application form to the Electrical Bureau. Upon approval of the application, the Electrical Bureau will issue an **examination registration form** to the applicant, which must then be completed by the applicant and mailed to the testing service. Applicants will be required to obtain a score of seventy-five percent (75%) or above on the exam before a master electrician license will be issued.

**RECIPROCITY:** Idaho has master electrician licensing reciprocity with the state of **Oregon**. If you tested for your general supervisor electrician's license in the state of Oregon, send a copy of that **current** license with the completed application.

**FEES:** **A \$15 administrative fee** must accompany this application, whether applying to test or to reciprocate. If an applicant for testing does not take the examination within 60 days of Bureau approval, he/she must reapply to the Bureau and resubmit the \$15 fee.

**Upon passing the examination, applicants may submit the \$65 master license fee** payable to the Electrical Bureau. **Applicants for reciprocity may include the \$65 license fee with the application.** Applicants failing to purchase a license within ninety (90) days of the date of successful examination shall be required to reapply for licensure, again obtain the Bureau approval, and re-examine.

**PLEASE MAIL THE COMPLETED APPLICATION, A PHOTOCOPY OF YOUR PICTURE IDENTIFICATION, AND THE \$15.00 ADMINISTRATIVE FEE TO ADDRESS ABOVE**

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
ELECTRICAL BUREAU

FOR ELECTRICAL BUREAU USE

APPROVAL: \_\_\_\_\_

DATE: \_\_\_\_\_

**APPLICATION FOR MASTER ELECTRICIAN LICENSE**

\_\_\_\_\_ Testing

\_\_\_\_\_ Reciprocity (**Applicants For Reciprocity From Oregon State Must Enclose A Copy Of Their Current General Supervisor's License With This Application**)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

E-MAIL Address: \_\_\_\_\_ Cell PhoneNumber: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, Box, or Route City State Zip Code

Are you presently licensed as a journeyman electrician: Yes ( ) No ( ) State: \_\_\_\_\_

Journeyman Electrician License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Date of issue: \_\_\_\_\_

(PLEASE PROVIDE A COPY OF YOUR CURRENT JOURNEYMAN ELECTRICIAN'S LICENSE)

Present Employer: \_\_\_\_\_ Contractor's License Number: \_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED AND NOTARIZED**

I, \_\_\_\_\_, being first duly sworn, do hereby certify that the above statements are true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

Subscribed And Sworn To Before Me This \_\_\_\_\_ Day Of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_

STATE OF IDAHO  
DIVISION OF BUILDING SAFETY  
ELECTRICAL BUREAU

**EMPLOYER'S VERIFICATION FORM**  
**APPLICATION FOR MASTER ELECTRICIAN LICENSE**

**NOTE: SELF-VERIFICATION WILL NOT BE ACCEPTED.**

***THIS PAGE MAY BE COPIED AS NECESSARY FOR MORE THAN ONE EMPLOYER.***

Applicant Name \_\_\_\_\_

Dates of Verification: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_

**TOTAL HOURS DOING JOURNEYMAN ELECTRICAL WORK FOR THIS EMPLOYER FOR THE TIME PERIOD NOTED ABOVE:** \_\_\_\_\_

**THIS APPLICATION MUST BE SIGNED AND NOTARIZED**

**This work was performed under the employment of:**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Electrical Contractor License Number: \_\_\_\_\_

\_\_\_\_\_  
Signature (Employer)

**THIS SECTION TO BE COMPLETED BY A NOTARY PUBLIC**

Subscribed And Sworn To Before Me This \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR: \_\_\_\_\_

COMMISSION EXPIRES: \_\_\_\_\_